



Long Term Care Coordinating Council

SNOW RESCHEDULE DATE: January 20, 2011

Rhode Island Council of Community Mental Health Organizations, Inc.

40 Sharpe Drive, Suite 3, Cranston, RI 02920

AGENDA

Present:

Catherine Taylor
Antonia Greco
Jim Flanagan
Ray Rusin
Rick Baccus
Elena Nicolella
Susan Sweet
Kathleen Heren
Bonnie Sekeres
Ken Pariseau

Lori Rossi
Maria Barros
Jim Nyberg
Roberta Merkle
Rebecca Martish
Marie O'Loughlin
Jenkins
Marylouise Gamache
Joan Kwiatkowski
Holly Garvey

Deanna Casey
June Massey
Bill Flynn
Maureen Maigret
Kathleen O'Connell
Jill Anderson
Elizabeth Earls
Dawn Wardyga
Cynthia Conant Arp

1. **Call to Order** – Meeting called to order at 10:15
2. **Approval of Minutes** - Minutes unanimously approved without amendment
3. **Report of Nursing Home Deficiencies Monitoring** – Distributed at the meeting by Mr. Rusin.
4. **State Agency Updates:**
 - **DHS**
Briefing on Background Checks for Direct Care Workers in Long Term Care Settings (Elena Nicolella, R.I. Medicaid Director)
Grant is in development of legislation phase – AG's office is putting the language together to introduce legislation – Jim Dube and Elena will make a fuller presentation at the February meeting and members of LTCCC are encouraged to send written comments on what should be included in legislation to AG's staff (Mr. Dube and Mr. Morrissey). There will be an opportunity to provide this input to Director Nicolletella and Mr. Dube at the February meeting.

Nursing home diversion and transition – 38 new referrals during December – transition of 6 during December – at February meeting DHS will provide an update sheet that is cumulative of statistics on this program.

John Young serving at EOHHS – conducting comprehensive review of Global Waiver strategies with Secretary Costantino.

Planning grant opportunities re Medicare funding – integrating Medicare and Medicaid. A revolutionary change in CMS guidance. Planning grant requests due on Feb 2 and DHS is seeking this grant opportunity.

Discussion of Medicare funding as a possible source for prescription medication support to assist in keeping Medicare and dual eligibles out of the hospital.

Dual eligibles of all ages will be relevant to this planning process.

- **DEA**

Director Taylor is introduced to Council members and participants – expresses her commitment to working with Council members and is looking forward to getting settled into work of agency. Immediate challenge includes sorting through budget process with others in the new administration.

- **BHDDH**

Briefing on Trauma Grant (BHDDH Director Stenning and staff)

RI Jail Diversion and Trauma and Recovery Grant – 5 year grant – a number of partners, courts, PD office, mental health centers, various veteran-serving agencies. IRB approval was required, state contracting issues dictated the timing of launching the activities of the grant – evaluation team, project director etc.

October 2010 – First service year in Kent County – divert people from criminal justice system – first arrest or probation or parole violation – jail diversion/ACI diversion, not a reentry program. Divert to treatment for trauma informed care (PTSD) – SAMSA is the source of the grant. Intention is to get the model TAMAR (Trauma/Addiction/Mental Health/and Recovery) tailored to the needs of veterans. Launched in Kent County Courthouse. Seen over 20 people, just started groups with VA PTSD clinic to modify the protocol for veterans. Next step – train people – additional support from the judiciary, Chief Judge Jean LaFazia, getting support from judiciary and from National Guard personnel. Pretrial services office is the referral resource. Priority population is veterans but non-veterans are also eligible for treatment groups. Two of those enrolled in program are non-veteran women. TBI is an important factor – need broader medical connections to VA Medical re TBI. DUI and domestic violence are the two greatest categories of criminal charge that generate referrals.

5. RIPAE Program – discussion of future direction for the program in the context of Affordable Care Act changes (Susan Sweet)

Two clauses at issue in the current legislation:

- “No person whose prescription drug benefits are paid by any other plan of assistance or insurance until the coverage is exhausted or non covered medication.”
- “If some of the expenses are paid under Medicare shall not disqualify RIPAE, in those cases state to pay eligible portion for which no payment is made by federal government.”

When seniors in RI reach donut hole – there may be deductible – less than 500 people will need RIPAE for the deductible in the donut hole – thousands of the 5000 in program will reach donut hole and once they reach the donut hole federal law will provide 50% for brand name discount and 7% for generics discount. Once the federal gov’t pays however, RIPAE will not pay, computer program that receives the claims from the pharmacies will cut person off when the federal discount shows up in the system. This is the major challenge to the program going forward. There is a need to update the statute and change the computer program to continue to help RI seniors who hit the donut hole.

50% and 7% is less than they would have received in RIPAE – the discount is off the retail cost, not the RIPAE negotiated reduced cost. Thus there is still a role for RIPAE assistance for these seniors.

Solutions?

Any of the proposed solutions will, by definition, function within the current budget for this program as a new federal subsidy will lower the overall costs:

Pharmacy subsidy now -

\$100 prescription

\$2 dispensing fee

\$50 off the top

Claim will be kicked out – because a payment has already been made by feds

60%/30%/15% of full cost on negotiated price = what RIPAE will pay after feds have paid will be less than what RIPAE pays now (without federal payment)

Need to change computer program with the claims paying entity

What will it cost – how long will it take? Karen Mariano – administrator of this program for RI at vendor – HP the company – can make the changes but it is a matter of prioritizing what programming changes get made first – there are many that need to be made for this and other programs.

Perhaps revisit the program again in the coming years as the donut hole gets more fully closed.

Admission to nursing homes – sometimes food and medication are part of the presenting protective services issues – it can be difficult to distinguish between self-neglect OR just not able to afford medications.

Senior agenda coalition, home care, Maureen Maigret, Kathy Heren – all support this initiative.

Alternative cost of living index shows that COL increases for seniors are largely driven by pharmaceutical and other health care costs.

Most impact on those most in need – need stats of current appropriation – expected need – how it will play out – complicated issue to make these kind of computer programming changes.

A statutory and computer system programming change will be needed by March in order to sustain current impact of program for seniors in RI.

AARP and others around table register their support for continuing this program in its most impactful way to run alongside the federal subsidy that will ultimately close the donut hole.

A motion is made and seconded, and unanimously approved, that the Council support all efforts to retain and sustain the impact of the RIPAE program to continue in a new format to provide a supplement to the federal assistance that will be becoming available in a phased in way.

Council members also unanimously thanks Susan Sweet for her long years of commitment to this program as the metaphorical “Mother of RIPAE.”

6. Update: Healthy RI Task Force Implementation of National Health Reform

The Long Term Care Work Group of the RI Healthcare Reform Commission established by Governor Chafee’s Executive Order and chaired by Lt. Governor Roberts will be a standing subcommittee of the LTCCC. LTCCC members who would like to serve on the Long Term Care Work Group of the Healthcare Reform Commission are encouraged to contact Jennifer Wood or Dan Meuse to register their interest in serving.

7. New Business

- **Shalom Wind Turbine** is to go online after what has been a lengthy and arduous process for approvals and construction. Congratulations to Shalom on this green energy source!
- **MDS 3.0 Section Q Training to be held** – new training partnership with DHS and ABLTC Tuesday January 25th, DOH, DEA, 8:30 am, Shriners Hall, One Rhodes Place – Notice will be circulated to all LTCCC participants.

- **New name for RIAFSA – Leading Age**
- **Discussion of Department of Health Director search** – LTCCC members are encouraged to contact Lt. Governor with their priorities for the characteristics, qualifications and focus of a new Director for the Health Department.
- **Discussion of the upcoming report on Nursing Home Bed Capacity in RI** – request is made that follow up reports also be made on RI capacity for LTC along the full continuum – future reports will be made beyond nursing home bed capacity, including assisted living, other community based options.
- **Dawn Wardyga announces her upcoming conference in partnership with Neighborhood Health Plan and DOH** – keynote will be Katy Beckett and Julie Beckett – RIPIN.org to register.
- **Discussion of problem : some home health agencies** are no longer accepting patients with certain insurances – Medicaid or commercial insurances – struggle between payer and providers.

8. Public Comment

- No public comments – all addressed under “New Business”

9. Adjourn

Next Meeting February 9, 2011

Rhode Island Council of Community Mental Health Organizations, Inc.

The RICCMHO is accessible to persons with disabilities. Individuals requesting interpreter services for the hearing impaired or needing other accommodations, please call 401-222-2371 and ask for Jennifer Wood or email Ms. Wood at jwood@ltgov.state.ri.us.